



Summer 2008

Volume 22

Region V Aging Services Newsletter

Summer 2008

North Dakota “A Caring Place To Grow Old”

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It was great to see such a good turnout for our July Region V Council on Aging meeting in Lisbon. The council voted to cancel the September meeting because it was so close to the Northern Plains Conference on Aging and Disability that many council members plan to attend. This means our next Region V Council on Aging meeting will be Friday, October 17, 2008. It is tentatively scheduled to be held at Mayville Senior Center. I will send an agenda mid-September.

We have a great line up of speakers and events for the 2008 Northern Plains Conference on Aging and Disability. The conference will be held September 23,24 and 25 at the Ramada Plaza Suites in Fargo. I hope you plan to attend this fine event. The Conference will feature national, state and local speakers on a wide variety of topics including: "Laughter and Tears in the Caregiving Years;" making staff turnover a thing of the past; maintaining good health for the lifespan; the impact of sensory changes in later life; the three brain networks of love; managing challenging behaviors; depression, suicide and alcohol in later life; sexuality and intimacy; learning to live life consciously; help and hope for Alzheimer's; "50 Ways to Love Your Mother;" forgiveness as a way to heal hurt and betrayal; macular degeneration; Medicare Reform and much more. There will also be a vendor fair and tours of local assisted living facilities available

If you register before August 29, 2008 the fees are:
\$85 for Professionals and the General Public;
\$40 for Retired Persons Age 60 and over

If you do not have a brochure and would like one, please call 218-477-5862 and ask for one to be sent to you.

New Web site helps locate services for older adults & adults with disabilities

The North Dakota Department of Human Services has launched a new Web site, www.carechoice.nd.gov, to help people locate services for older adults and adults with disabilities. Called the *Aging and Disability Resource-LINK*, it replaces the state's Senior Info-Line Web site and includes additional information such as food pantries, community services, and transportation resources. The Web site's database is updated regularly. Individuals can search by service type or provider name and can also search for services within a county or a specified driving distance of a zip code.

"People usually are not familiar with existing services and community resources that can help them stay in their homes, and that leaves a knowledge gap when a health crisis or significant change in ability occurs," said Aging Services Division Director Linda Wright. "This free and confidential service features a database of services that can help people maintain their independence or meet their changing needs."

Individuals who do not have Internet access or who prefer to receive information by phone can access the *Aging and Disability Resource-LINK* by calling the nationwide toll free number at 1-800-451-8693.

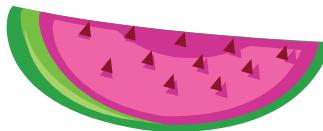
A certified resource and referral specialist employed by the department answers calls Monday through Friday, 8 a.m. to 5 p.m., Central Time. During evening or weekends, callers can leave a message. Calls will be returned on the next business day. Individuals can also contact the resource link by e-mail at carechoice@nd.gov.

Royce Schultze, Executive Director of the Dakota Center for Independent Living, Inc. in Bismarck, N.D., said, "Our agency staff would use this to assist consumers. It is user-friendly for people with disabilities and is much easier to use than paper brochures. It is a great tool in serving people with disabilities."

The department does not endorse listed services, but provides the information as a public service. Entities wishing to submit information about services for consideration can e-mail: carechoice@nd.gov.

According to Wright, "long-distance caregivers" and professionals who work with seniors and people with disabilities often use the information and referral service. In 2007, the human services department received about 8,500 requests through its information and referral Web site and phone line.

Contacts: Linda Wright, Director of Aging Services, 701-328-4607, or Heather Steffl, Public Information Officer, 701-328-4933



Important Reminder for Users of Blood Glucose Meters

The FDA wants to remind users of blood glucose meters that you must use **only** the brand of test strips that is recommended for your meter. If the correct test strips are not used, you may receive inaccurate results or no results.

To read more about this important message, go to:

<http://www.fda.gov/cdrh/oivd/test-strips.html>

Healthy Weight - What It Means to You

According to the Centers for Disease Control and Prevention, based on a nationwide survey conducted from 2001 to 2004, approximately 71 percent of Americans over 50 years old are either overweight or obese, as compared with 64 percent from the 1988-1994 survey.

Successful 'Losers' How Do They Do It?

Although experts may have different theories on how and why people become overweight, they generally agree that the key to losing weight is a simple message: Eat less and increase your physical activity. According to the 2005 Dietary Guidelines for Americans, it is recommended that adults engage in approximately 60 minutes of moderate to vigorous intensity activity on most days of the week. These are the keys to manage body weight. Your body needs to burn more calories than you take in. Before starting any exercise program, talk with your healthcare professional.

Successful weight losers usually do the following:

- eat a low-calorie, low-fat diet
- eat smaller portions
- eat breakfast
- drink water instead of sugary drinks
- monitor themselves by weighing in frequently
- be physically active

The typical pattern for the average overweight person who is trying to diet is to eat little or no breakfast and a light lunch. As the day progresses, they get hungry and eat most of their calories late in the day. Successful weight losers have managed to change this pattern.

Effects of Being Overweight or Obese

Obesity is often classified as a disease. The National Heart, Lung and Blood Institute (NHLBI) describes it as a complex chronic disease involving social, behavioral, cultural, physiological, metabolic, and genetic factors. Being overweight or obese increases the risk of many diseases and health conditions, including the following:

- Hypertension (high blood pressure)
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- High total cholesterol or high levels of triglycerides
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Sleep apnea and respiratory problems
- Some cancers (endometrial, breast, and colon)

Tips for Eating Out

- Before you order, consider content of menu items, such as calories, saturated fat, and sodium.
- Request your meal to be served without gravy, sauces, butter or margarine.
- Ask for salad dressing on the side, and use only small amounts of full-fat dressings.

Continued on next page

- Choose foods that are steamed, broiled, baked, roasted, poached, or stir-fried, but not deep-fat fried.
- Share food, such as a main dish or dessert, with your dining partner.

Take part of the food home with you and refrigerate immediately. You may want to ask for a take-home container when the meal arrives. Spoon half the meal into it, so you are more likely to eat only what's left on your plate.

Set a Goal

The first step to weight loss is setting a realistic goal. By using a Body Mass Index (BMI) chart and talking with your healthcare professional, you can determine what a healthy weight is for you.

Studies show that you can improve your health with just a small amount of weight loss. Physical activity in combination with reduced calorie consumption can lead to a 5 to 10 percent weight loss. Even modest weight loss can improve blood pressure and help control diabetes and high cholesterol in overweight or obese adults.

Source: *FDA Consumer magazine, January-February 2002 Issue with revisions made in April 2002, March 2003, and April 2004.*

Additional Information

Department of Health and Human Services' Small Step Program. Tools and information for eating better and living a healthier lifestyle. <http://www.smallstep.gov/>

U.S. Department of Agriculture's [MyPyramid.gov](http://www.mypyramid.gov). Offers personalized eating plans, interactive tools to help you plan and assess your food choices, and advice to help you. [http://www.my\(pyramid.gov](http://www.my(pyramid.gov)

NIH National Institutes on Aging - NIHSeniorHealth offers tips on eating well as you get older. <http://nihseniorhealth.gov/eatingwellasyougetolder/toc.html>



FCC URGES TV VIEWERS TO GEAR UP FOR THE CONVERSION TO ALL DIGITAL TELEVISION

To help consumers with the DTV transition, the Government established the Digital-to-Analog Converter Box Coupon Program. Every U.S. household is eligible to receive up to two coupons, worth \$40 each, toward the purchase of eligible digital-to-analog converter boxes. For more information on the Digital-to-Analog Converter Box Coupon Program, visit the NTIA's Web site at www.dtv2009.gov, or call 1-888-388-2009 (voice) or 1-877-530-2634 (TTY).

Cable and satellite TV subscribers with analog TVs hooked up to their cable or satellite service should not be affected by the February 17, 2009, cut-off date for full-power analog broadcasting, but should contact their provider to find out if anything is needed to be prepared for the February deadline.

There are many sources of information about the digital transition but one of the best is the government's Web site www.dtv.gov. You can also call 1-888-CALL-FCC (1-888-225-5322).

ND Family Caregiver Support Program



©Family Caregiver Alliance

Hands-On Skills for Caregivers

When you're a caregiver, finding time to take care of your own physical needs is difficult enough, but taking care of the physical needs of someone else is even more challenging. Assisting someone else to dress, bathe, sit or stand when they are upset, agitated or combative—often the case when caring for someone with a brain disorder such as Alzheimer's disease—requires special strategies. The following five techniques can make taking care of a loved one's physical needs easier.

Approach from the front and retain eye contact. When assisting someone physically, do not approach him/her from behind or from the side. This can startle and confuse the person in your care, leading to increased levels of agitation and/or paranoia. Instead, approach from the front. Touch the care recipient on the shoulder, upper arm or hand, and tell them what's going on. Use a calm voice to walk him/her through the whole process. For example, "Okay, let's stand up. Good. Next, we are going to...." Retain eye contact throughout the duration of the activity.

Elicit your loved one's help. Even when frail, your loved one might be able to shift his/her weight or move his/her arms or legs to make physically assisting them easier. Some examples are: "We're getting ready to stand now, mom, so lean forward as far as you can," or, "Can you move your leg, honey, so I can change the sheet?" A little help from them means a lot less work for you.

Allow the person to finish what they're doing. If, as a caregiver, you are running late, the tendency is to hurry your loved one, too. However, this rushed atmosphere is very difficult for care recipients, especially those who suffer from memory loss or brain impairment. Though you may try to sound calm and encouraging, it's easy for loved ones to pick up our "anxious vibes." So, even if running late, allow some time to finish the current activity before moving onto the next. For example, "Mom, after you finish that last bite of cereal, we're going to get you dressed and ready to see your friends."

Utilize the major bone and muscle groups. When physically assisting a loved one, pulling or supporting them by their hands or arms is not only difficult, but may lead to injury for you and them. Instead, utilize the major muscle/bone groups.

For example, when taking someone for a walk, stand directly behind and to the left of him or her. Place your left hand on their left shoulder, and your right hand on their right shoulder. In this way you are walking with your loved one in a comforting hug rather than pulling or pushing them. And when turning someone in a bed, utilize the large bones in the hip and shoulder, and the large muscles in the legs. Pull them toward you with your right hand over their hip or at the knee, and your left hand at their shoulder. Finally, when pulling someone to a standing position, it's best to use a transfer belt (one can be purchased at any medical supply store for around twenty dollars).

Once they are sitting at the edge of the bed or chair, pull up on the transfer belt, "hugging" your loved one close, again, utilizing their large muscle groups in the shoulders and the back. Remember to keep your back straight and to always change position by moving your feet, rather than twisting at the waist. And before going home from your next doctor's appointment, ask for a referral to an occupational therapist who can help you develop your transferring skills.

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Allow for Their Reality. Remember to accept your loved one's reality, even when assisting with a physical task. If, for example, your spouse becomes shy because he/she thinks that you are a sibling and doesn't want to get undressed in front of you, don't force the situation. Try leaving the room and coming back in a couple of minutes. Perhaps on a second or third attempt your spouse will recognize you and be amenable to your care. If all else fails, consider the situation. Is it an emergency? Changing a loved one's soiled garments cannot be delayed. However, if a care recipient is being difficult and doesn't want to take a bath or wash his/her hair on a particular day, that's okay. Plan on doing it at a later time that day or the next day, when your loved one may accept your help.

Finally, don't try to physically assist with caregiving unless you can. Injuring yourself will not help the situation, and will often make your caregiving responsibilities that much more difficult. If you find yourself in a nonemergency situation where you are unable to physically assist your loved one (for example, after he/she slides from their chair to the floor) call your local fire department and request a "fireman's assist." They will come to your house and help you. If it is an emergency situation (where either you or your loved one are injured), contact the paramedics by calling 911.

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CONSUMERS CONTINUE TO BUY RISKY AND COSTLY DRUGS ONLINE

Self-medication a concern; FDA-approved generics may be cheaper alternative

A year-long FDA investigation into drugs mailed to the United States from foreign countries suggests that consumers may be buying drugs online to avoid the need for a prescription from their physician. FDA urges consumers to beware of unregulated Internet drug sellers, because many of their products might not contain the correct ingredients and could contain toxic substances. The FDA sampling of imported drugs also indicates that consumers continue to spend money unnecessarily on potentially risky drug products bought over the Internet.

The investigation found 88 percent of the 2,069 drug packages examined appeared to be prescription medicines available in the United States. Of the remaining products, some were dietary supplements, some were foreign products with labeling that was difficult to read or could not be understood, and some were medications not available in the United States. More than half (53 percent) of the products sampled have FDA-approved generic versions, usually sold at lower costs. Earlier studies have shown that generics in the United States to be generally cheaper than a comparable drug in Canada or Western Europe. In fact, approved generic versions of approximately half (47 percent) of the sampled products can be bought for \$4 at several national chain pharmacies, a price often lower than the shipping costs for the same drugs purchased online.

Source: FDA News (This release was updated on Nov. 1, 2007)

"Let there be more joy and laughter in your living." (Eileen Caddy)

NORTH DAKOTANS URGED TO PLAN AHEAD FOR LONG-TERM CARE NEEDS

Outreach effort aims to educate the public about care options and a newer type of long-term care insurance that allows covered individuals to safeguard assets if they need Medicaid later and qualify.

BISMARCK, N.D. – Governor John Hoeven has launched a public awareness campaign titled “Own Your Future” that encourages state residents to plan ahead for their future long-term care needs. The state is partnering with the U.S. Department of Health and Human Services on the effort that encourages 50-65 year-olds to get the facts about Medicare, Medicaid, in-home care and other care options, and to plan financially for future long-term needs.

“The decisions people make now can impact their future quality of life. This federal-state partnership encourages people to start talking about and planning for this aspect of their retirement,” Hoeven said.

Hoeven is sending letters and federal brochures to about 64,000 North Dakota households with residents who are between 50 and 65 years of age. The information encourages recipients to order a free long-term care planning kit from the federal Centers for Medicare and Medicaid Services. Individuals who request the kit will also receive information about North Dakota services and resources.

According to the N.D. Department of Human Services, many people are not aware of the variety of in-home and facility-based long-term care services and supportive programs available in their communities, or are unprepared financially for the cost of such services. In 2007, residents in nursing homes paid an average of \$58,380 in North Dakota. Medicare, the federal health coverage program for senior citizens, does not cover most nursing home stays.

“People who do not plan for this aspect of retirement often have to sell assets to pay for their care,” said the department’s Medicaid Director Maggie Anderson. “When those funds are spent, individuals often apply for assistance through Medicaid, the federal and state-funded medical assistance program for qualifying low-income individuals.”

Anderson said that a new Partnership Program is now available in North Dakota and other states that modified their state Medicaid plans. Individuals who purchase qualifying long-term care policies can retain some of their assets if they use up their insurance benefits and qualify for Medicaid in the future.

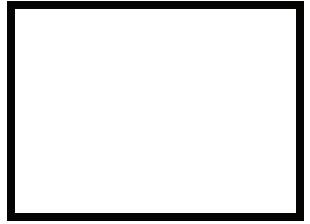
She described the policies as a win-win. “Qualifying private policies help people pay for needed long-term care services provided in their homes or in facilities, and may also help reduce state Medicaid costs by postponing the need for Medicaid,” Anderson said.

North Dakota is the latest state to participate in the federal “Own Your Future” public education effort that enlists the support of governors and state agencies that administer Medicaid. As of April 2008, 18 states, including South Dakota, had participated in the program.

For more details about long-term care planning, visit www.longtermcare.gov/campaign. Individuals with questions about long-term care insurance are encouraged to contact the North Dakota Insurance Department at www.nd.gov/ndins or toll free: 1-800-247-0560.

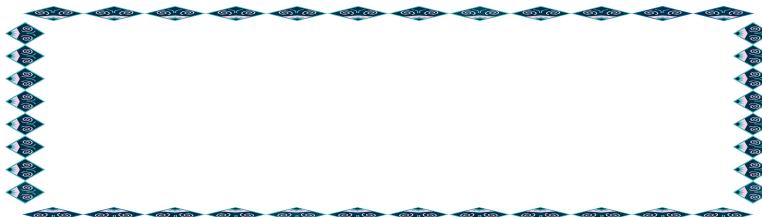
For information about programs and services for older adults or people with disabilities, contact the North Dakota Department of Human Services’ Aging and Disability Resource LINK at 1-800-451-8693 (nationwide toll free) or search the on-line database at www.carechoice.nd.gov. Or, you may contact a Regional Aging Services Program Administrator.

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New Officers/Change of Address:

If your Senior Organization has a new president (chairperson) or there has been a change of address, please complete and return the form below. Please remove and tape the old mailing label in box below.



Name of President, Chairperson, Individual or Agency Receive This Newsletter:

Name: _____

Street/Avenue/PO: _____

Mailing Address (Must include street address or post office box): _____

City and State: _____

Nine Digit Zip: _____

Telephone: _____

Return to address at the top of this page.